$AHCCCS \ (Title\ XIX/XXI)\ Eligibility\ Screening \\ (This form to be completed on all Non- Title\ XIX/XXI behavioral health recipients.)$

		Date:					
NOTE: The income limitations noted be income limit listed so that an Elig							
Section A							
A.1 Is the applicant already Yes If yes ,				application pen	ding?		
☐ No If no , p	proceed to Section	n B.					
Section B							
B.1 Size of family househol under age 19, related child of				l, stepchild, child	l's children, chi	ild's spouse, parent	
B.2 Gross monthly family in spouse, parent to child, pare							
Section C							
C.1 Do any of the following	g conditions exis	t?					
Is the applicant pro	egnant?			☐ Ye	es 🗌 No		
Is there a step-pare	ent in the househ	old with income	?	☐ Ye	es 🗌 No		
Does the househol	d have fluctuatir	ig income from	month to month	n?	es 🗌 No		
Are there more that	an six (6) persons	s in the househol	ld?	☐ Ye	es 🗌 No		
completing an App If no , complete Se	-						
Section D							
	100						
D.1 Is the applicant under a	-						
D.1 Is the applicant under a Yes If yes ,	answer question						
D.1 Is the applicant under a ☐ Yes If yes, ☐ No If no,	answer question proceed to Section	on E.					
D.1 Is the applicant under a Yes If yes, No If no, D.2 Is the child in or will the stating that it is anticipation.	answer question proceed to Section the child be placed ated that the child	on E. I in an out of hor d will be out of t	the home for at	least 30 days?	•	•	
D.1 Is the applicant under a Yes If yes, ☐ No If no, D.2 Is the child in or will the stating that it is anticipated and Yes If yes, ☐ Yes If yes, Applic	answer question proceed to Section the child be placed attent that the child the person may be action and send it	on E. I in an out of hord will be out of the AHCCCS (To DES.	the home for at	least 30 days?	•	•	
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Form: ADHS AE-01 9/12/01; revised 7/2003; revised 4/1/04

D.4 Answer the following question for children age 6 through 17 years of age:

Is the child's family income equal to or below the following amounts?

Family Size	1	2	3	4	5	6
Gross Monthly Family Income*	\$776	\$1,041	\$1,306	\$1,571	\$1,836	\$2,101

^{*}Increase the gross monthly family income limit by \$100 for each person who is employed.

Yes	If yes , the person may be AHCCCS	(Title XIX) eligible.	Assist the person in	completing an	Application and
	send it to DES.				

 \square No If **no**, answer question D.5.

D.5 Is the child's family income equal to or below the following amounts?

Family Size	1	2	3	4	5	6
Gross Monthly Family Income	\$1,552	\$2,082	\$2,612	\$3,142	\$3,672	\$4,202

Yes	If yes, the applicant may be KidsCare (Title XXI) eligible.	Assist the person in completing an Application and
	send it to AHCCCS Central Screening Unit.	

No If **no**, potential eligibility has not been established.

Section E

E.1 Is the person age 18 through 23 and was the person in DES foster care on the date the person became 18 years old?

Yes	If yes, the person may be AHCCCS (Title XIX) eligible, assist the person in completing an Application an	d
	send it to DES	

☐ No If **no**, continue to Section F.

Section F

Answer the following questions for adults (age 18 and older):

F.1 Do any of the following conditions exist?

Is the person age 65 or older?	⊥ Yes	∐ No
Is the person blind?	Yes	☐ No
Has the person been determined to have a serious mental illness by		
ADHS/RBHA?	☐ Yes	☐ No

Do any of the above F.1 questions apply and is the person's family income equal to or below the following amounts:

☐ Yes ☐ No

Family Size	1	2	3	4	5	6
Gross Monthly Family	\$861	\$1,211	\$1,561	\$1,911	\$2,261	\$2,611
Income						

Yes	If yes, the person may be SSI-MAO (AHCCCS -Title XIX) eligible assist the person in completing an
	Application and send it to AHCCCS Central Screening Unit.

No If **no**, answer F.2.

F.2 Is the person's family income equal to or below the following amounts?

Is the person receiving Social Security disability benefits?

Family Size	1	2	3	4	5	6
Gross Monthly Family	\$776	\$1,041	\$1,306	\$1,571	\$1,836	\$2,101
Income*						

^{*}Increase the gross monthly family income limit by \$100 for each person who is employed.

Yes	If yes,	the person	maybe A	AHCCCS	(Title XIX	() eligible	, assist th	e person ii	n completing	an Application	and send it
	to DES	5.									

No If **no** and 18 years of age, go to D.5; if over 18 years of age, potential eligibility has not been established.

Staff Signature Date

^{*}Increase the gross monthly family income limit up to \$200 per month for each person who incurs dependent care expenses.

^{*}Do not count earned income of students under 19 years of age.

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